

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-517001

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED
IND. DEP.

AFTER
1st AMENDMENT
IND. DEP.

AFTER
2nd AMENDMENT
IND. DEP.

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TOTAL CLAIMS					

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TOTAL IND.					
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